



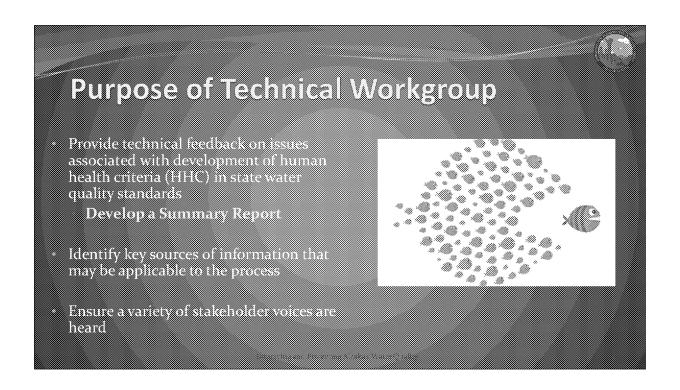
Webinar instructions:

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- Note that all lines will be muted during the presentations
- Public testimony will be taken at the end of the webinar.

PLEASE BE RESPECTFUL OF ALL PARTICIPANTS

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Over the new few months DEC will provide you with information on this issue, how other states have acted and the information/process they used, and potential options DEC has identified. A final Workgroup report will be generated based on the comments generated over the course of this process.

DEC will use this report to inform our decision-making process as we move forward in our revisions to the HHC



Questions to be considered by the Workgroup

- Issue #1: What information about fish consumption and fish consumption rates is available to inform the HHC process?
- Issue #2: What options does DEC have for developing criteria on a statewide/regional/site specific basis?
 - * Issue #2a: What modeling approach(es) should DEC consider (Determinstic v. Probabilistic)?
- ▼ Issue #3: What is the appropriate level of protection for Alaska and its residents?
 - ▼ Issue #3a: How should DEC apply bioconcentration v. bioaccumulation factors?
 - * Issue #3b: How should DEC address concerns about its carcinogenic risk value?

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In regards to issue 2a- DEC is going to table this discussion until EPA weights in on Idaho and Florida's draft regulation packages. EPA is showing a serious reluctance (correspondence with states) to entertain the use of probabilistic modeling for the purpose of developing HHC.



Questions to be considered by the Workgroup

- What should Alaska's FCR(s) be?
 - * Issue #4a: What species should Alaska include for deriving a fish consumption rate?
 - Marine Fish (i.e., salmon?;)
 - * If we include- Can we adjust FCR values based on lipid content?
 - * Marine Mammals (AK would be the only state that considers this issue)
 - Issue #4b: What is the role of Relative Source Contribution (RSC) in relation to other exposure issues and what are Alaska's options?
- Issue #5: What are Alaska's options for implementing the proposed criteria?
 - Existing tools (compliance schedules) and new tools (variances, intake credits)

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Note that the language at 4b has been changed from "in relation to fish consumption rates" to "in relations to other exposure issues."

DEC is suggesting this change because RSC can be related to multiple parts of the HHC formula



Outline of Today's Meeting

- Recap of Meeting 4
 - Workgroup Report
 - HHC Excel tool
- Goal of today's meeting:
 - Introduce Relative Source Contribution
 - Update on other state efforts (If time is available)

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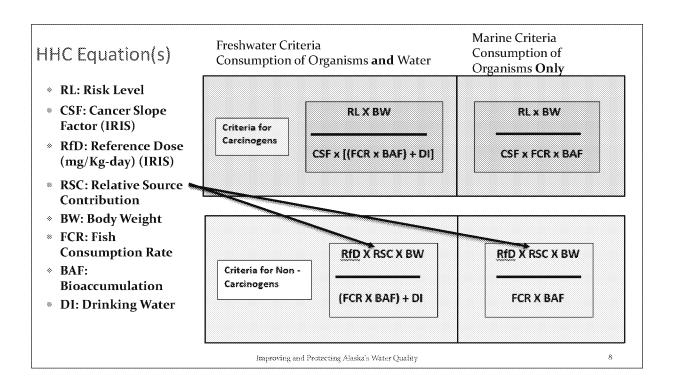


Meeting #4 Recap

- - * Questions/Comments
 - * Additional thoughts on questions previously raised?
 - * DEC plans to have a second draft available for discussion at the February meeting
- * HHC Excel Tool
 - ∗ Did you try it?
 - * Did you get the results you expected?

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Pre-meeting Background Information

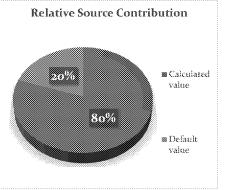
- ▼ DEC provided several background documents to you for consideration
 - ∗ EPA RSC Presentation
 - Washington Whitepaper
 - * Idaho Whitepaper

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Relative Source Contribution (RSC) Overview/Key Points

- An RSC is used in HHC formula for noncarcinogens and carcinogens with a nonlinear response to dose
- The RSC is the relative contribution of the contaminate as found in water intake and/or fish/shellfish from a waterbody to total daily exposure from all sources
- RSC is contaminate-specific



The chart represents the total allowable dosage (RfD)

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Essentially- the RSC is supposed to capture contaminates that may be part of the intake from drinking non-treated surface waters, drinking treated water that may not capture certain contaminates, and consumption of aquatic life.

Generally expressed as a percentage

Pre- 2015 RSC was 1 unless data demonstrated otherwise Post 2015 the RSC is set at 0.20 if there is uncertainty as to source Capped at 0.80 to allow for uncertainty regardless of data available

Relative Source Contribution (RSC)

- The use of an RSC affects criteria calculation results as follows:
 - * If the RSC is 1.0, then it does not change the resulting criteria calculation.
 - If the RSC is 0.8, then the criterion becomes more stringent by 20%.
 - If the RSC is 0.5, then the criterion becomes more stringent by 50%.
 - If the RSC is 0.2, then the criterion becomes more stringent by 80%.
- Concept is borrowed from the Safe Drinking Water Act
 - Reflects "the need to bridge the gap between the differences in the risk assessment and risk management approaches used by EPA's Office of Water"

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Exposure Routes and Media

- Exposure Routes
 - Ingestion (eating fish/drinking water from treated and untreated sources
- Inhalation
 - * Showering
- Dermal contact
 - Bathing
 - Recreational contact

- Drinking Water
 - Assumes an unregulated contaminate will not be removed by treatment
- Fish and shellfish from waters of concern
- All other foods
- Ambient air
- Other- personal care products/dietary supplements

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Two approaches for determining RSC by pollutant

- Percentage Approach (common)
 - Start with RfD exposure values then add dosage from each exposure pathway
 - Data Needs
 - Population of interest
 - Determine concentrations of pollutant in DI, FCR, Other foods
 - Air, skin absorption or other sources
 - Convert to a percentage
 - Cap at 80%
 - Used for endrin

Subtraction Approach

- Start with total RfD and exposure values for each media then backcalculate
- Subtract exposure from DW+FCR sources not in HHC (e.g. marine fish)
- Determine percentage of RfDexposure represented by HHC
- * Cap at 80%
- Used for methylmercury

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To develop the RfD you have to take the IRIS provided value (x) and multiply that by the adult body weight (80kg), then multiply by 1000 to convert from mg/day to ug/day

Percentage is more common but likely to be conservative as you may be using 90th percentiles, the availability of data may be limited

Cannot use subtraction method for chemicals with EPA air standards, permitted pesticides, and drinking water standards

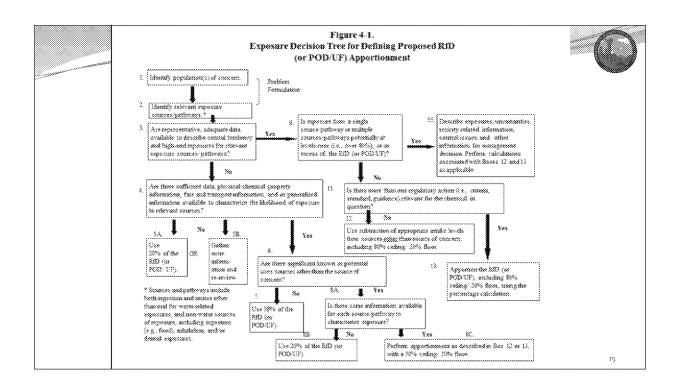


EPA RSC Default

- By using 0.20 as a default value EPA is assuming the following:
 - Protective of 90th percentile of general population
 - * Using national dietary information for DI and FCR
 - * Recognizes that there are multiple uncertainties regarding non HHC pathways other food, air or skin contact.
- That said- there is some guidance
 - EPA Exposure Decision Tree

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Independent of the process of determining the RSC, there is a 20% floor and an 80% cap to account for uncertainty in identifying and quantifying all potential routes of exposure



Issues with the use of RSC (Howd et al. 2004)

- Office of Environmental Health Hazard Assessment (OEHHA), Cal/EPA
 - * Based on tradition-not data
 - Guidance for estimating RSC is vague
 - Poor quality/limited availability of exposure data
 - Default of 0.2 tends to be over-used and over-protective
 - Differing opinions as to values used for RSC calculation avg. or target?
- * Conclusion- there's room for improvement but there are few values other than defaults currently available because drinking water risk assessment is relatively new while most EPA values are 10+ years old

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These are a few of the issues that California noted but some obvious ones are that fact that every location in Alaska is unique and exposure may vary widely

I'm happy to share a copy of the paper if you're interested.



Other Issues- RSC-BAF-FCR relationship

- Increased fish consumption should lead to decreased exposure from other dietary sources, since you are making caloric choices, not consuming more food
- ▼ 50 FCR + 50 Red meat = Dietary contribution
- ▼ 75 FCR + 50 Red meat ≠ Dietary contribution since you are making choices
- Bioaccumulation affects RSC. BAF acts as a multiplier for the dose received by consuming fish (FCR*BAF)
 - A high BAF means more pollutant is attributed to fish while a low BAF means more may be attributed to water/other sources
 - * RSC of 0.20 is applied regardless whether it is fish only or fish + water

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In a perfect world we would be able to hold things like diet, dermal, inhalation as constants and then adjust within that particular source according to circumstance (E,g: if we know that we are exposed through diet- by changing our source of food we could either increase or decrease exposure- regulate the source rather than the response)

What gets tricky with the HHC formula is the treatment of certain things like marine fish- the National recommendations put marine fish in the RSC category instead of the FCR. Including marine fish in both FCR AND RSC could be considered double counting a particular source. Same thing goes for the consumption of ALL aquatic life rather than just local fish. (The Idaho argument)

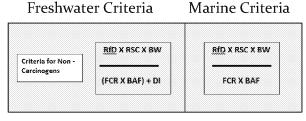
Other Issues- RSC-BAF-FCR relationship

- * EPA makes no distinction between use of RSC for **fish consumption alone** (marine) and **fish and water** (freshwater) consumption
 - * one exposure may be substantially higher than the other
 - * may need to consider using a modified BAF (ID DEQ)
- ▼ To avoid "double counting" you should either
 - include marine fish in FCR and adjust RSC accordingly (Idaho DEQ/Washington Ecology)
 - or separate the two issues per EPA methodology

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- RfD = 0.006 mg/kg-day
- High BAF = 1,300 (T4)
- * RSC = 0.2
- *FCR = 175 g/day
- Thoughts:



- * For high BAF chemicals: the majority of the allowable daily dose would be readily consumed as part of FCR in HHC, which suggests higher RSC value
- What if local (fresh) fish was the only source? RSC applies in both intake scenarios
- * What if fish were the only source, shouldn't having a higher FCR eliminate the need for as low RSC for that chemical?
 - Would that depend on BAF value?

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Pronounced: Hexa-chloro-penta-di-een

Since both FCR and BAF are in the DENOMINATOR- we can consider them as being external inflluences (quality and quantity of a particular toxin)/ RSC is part of our response to a particular dosage



How have other states or tribes addressed RSC?

- 1992 NTR used RSC of 1.0
- Oregon justified RSC of 1.0 because they included consumption of marine fish as part of FCR
- Washington is proposing RSC of 1.0, because CWA should only regulate sources tied directly to waters of the state
- Idaho is proposing RSC of 0.20 but modifies the BAF
- Texas justified RSC of 1.0 (2011 EPA approval), because
 - * used childhood exposure values rather than values derived for adults
 - * considered use of the RSC to be an additional layer of conservativism
- Spokane Tribe: RSC of 1.0 based on historical consumption value

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The Texas approach would be using an FCR of 156.3 g/day. Consumer-only data. Considered this to be a conservative choice.

Essentially, the reasoning behind how each state/tribe approaches use of the RSC is slightly varied but Worth noting that EPA has repeatedly encouraged states to adopt the approach(es) used by other states- especially Oregon.



Discussion

- Ultimately the RSC question is a risk management decision but one that needs to be grounded in science
- Potential questions to consider-
 - Is Alaska in a position to consider anything but the default values?
 - * maybe for site-specific criteria or contaminated sites?
 - If Alaska was to include ALL sources of fish in FCR, should it apply an RSC of o.8o or 1 (Oregon approach)
 - * Hybrid? (high BAF = higher RSC) or some other type of adjustment?

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Loose ends

- Contaminate Source Tracking for persistent organic pollutants (POPs) in Alaska:
 - * Various studies have taken place- mostly Cook Inlet and Prince William Sound
 - * Levels appear to coincide with those in other parts of Alaska- not considered hazardous
 - » Specific harbors have elevated PAH concentrations
 - * Seldovia Village Tribe (with numerous partners) work is on-going.
- Asian Fish Consumption Survey in King County, Washington
 - * Demographic information may be relatively close to Anchorage
 - King County Data: All Sources: 74 g/day(50th) / 227 g/day (90th)
 - * Harvest rates may be vastly different due to personal preferences and source availability-
 - » Shellfish harvesting (WA) v. Kenai/Copper River dipnetting

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Contaminate studies are not showing that POP's are present

The King Country Asian/Pacific Islander survey was done in conjunction with EPA and considered to be well done: Has a variety of statistical info inc. Total consumption, total fish, and non-anadromous fish. Interesting enough- the EPA reanalysis did not consider anadromous species since it would be difficult to assign a particular body burden



Loose ends

- Alaska seafood imports: 1,055,115 lbs (excludes squid)
 - Interesting facts: Sardines from Morocco: 514,858 lbs
 Halibut from Canada: 320,115 lbs
- Squid (2015): 6,054,520 lbs
 - Do we really like calamari this much?
 - Bait! −Thx to MH
- Rural Sales of canned/frozen seafood (ACC Sales)
 - Aniak to Togiak (23 communities = 45K individual)
 - Sample of four communities (Barrow/Emmonak/McGrath/Craig
 - Barrow (5 g/day); Emmonak (5.1 g/day); McGrath (3.4 g/day); Craig (3.6 g/day)

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Sales info comes from ACC distributors- largest supplier to Rural and sub-rural populations (Barrow/Sitka to Aniak/Togiak

Values are based on g/per person/per day

Used 2010-2015 population data. Only considers consumption by residents.

Frozen shrimp accounted for the highest number of sales followed by canned tuna (100K units)



Next steps:

- Best way to proceed
 - Circle back to first issues and keep writing based on your comments?
 - 2. Address all issues and then begin drafting recommendations & Workgroup Report?
- 2. HHC Workgroup Meeting #6
- 3. Introduce Issue #2: What options does DEC have for developing criteria on a statewide/regional/site specific basis?
- DEC will distribute the draft notes to get your feedback
 - * DEC needs feedback so we can add to the Workgroup Report

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Right now we have a draft Workgroup report without a great deal of content

Alaska Forum on the Environment

- DEC will be presenting on this issue at the Alaska Forum on the Environment on February 8th at the Human Health Criteria 201 session
 - Feel free to join us!
 - * 2:15
 - * HHC 101 & 201

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